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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|--------------------------|-------------------|
| Attorney Docket Number | WS-105 |
| First Named Inventor | Scott Goldthwaite |
| COMPLETE IF KNOWN | |
| Application Number | |
| Filing Date | 3/18/2004 |
| Art Unit | |
| Examiner Name | |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR MOBILE TRANSACTIONS USING THE BEARER INDEPENDENT PROTOCOL

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------|----------------------------------|--|--|--|
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label **000027769** OR Correspondence address below

AKC PATENTS, Aliko K. Collins, Ph.D.

Name

Address
215 Grove Street

| | | |
|----------------|---------------------------|---------------------|
| Newton City | MA State | 02466 ZIP |
| USA Country | 617-558-5389 Telephone | 617-332-0371 Fax |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

| | |
|---|---------------------------------------|
| Given Name SCOTT (first and middle [if any]) | Family Name or Surname GOLDTHWAITE |
|---|---------------------------------------|

| | |
|--|-------------------------|
| Inventor's Signature  | Date 12-MAR-9 - 2009 |
|--|-------------------------|

| | | | |
|----------------------------|-------------|----------------|-------------------|
| Hingham Residence: City | MA State | USA Country | US Citizenship |
|----------------------------|-------------|----------------|-------------------|

Mailing Address 15 Oregon Court

| | | | |
|-----------------|-------------|--------------|----------------|
| Hingham City | MA State | 02043 ZIP | USA Country |
|-----------------|-------------|--------------|----------------|

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

| | |
|--|----------------------------------|
| Given Name ANDREW (first and middle [if any]) | Family Name or Surname PETROV |
|--|----------------------------------|

| | |
|--|-----------------|
| Inventor's Signature  | Date 03.12.2009 |
|--|-----------------|

| | | | |
|------------------------------|-------------|----------------|-------------------|
| Princeton Residence: City | NJ State | USA Country | US Citizenship |
|------------------------------|-------------|----------------|-------------------|

Mailing Address 16 Lavender Drive

| | | | |
|-------------------|-------------|--------------|----------------|
| Princeton City | NJ State | 08540 ZIP | USA Country |
|-------------------|-------------|--------------|----------------|

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 1

| | | | |
|---|----------|---|---------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) ANDREI  | | Family Name or Surname DOUDKINE | |
| Inventor's Signature | | Date 03/12/2004 | |
| Salem Residence: City | MA State | Country | Belarus Citizenship |
| One Carol Way #401 Mailing Address | | | |
| Mailing Address | | | |
| Salem City | MA State | 01970 Zip | USA Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|--------------------------------|
| Application Number | |
| Filing Date | 3/18/04 |
| First Named Inventor | Scott Goldthwaite |
| Title | System and Method for Mobile T |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | WS-105 |

I hereby appoint:

 Practitioners associated with the Customer Number: 000027769

OR

 Practitioner(s) named below:

| Name | Registration Number |
|-------------------------|---------------------|
| Aliki K. Collins, Ph.D. | 43558 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

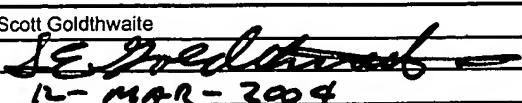
OR

| | | | | |
|--------------------------|-------------------------|-------|-----|--|
| <input type="checkbox"/> | Firm or Individual Name | | | |
| Address | | | | |
| Address | | | | |
| City | | State | Zip | |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | |
|--|---|
| Name | Scott Goldthwaite |
| Signature |  |
| Date | 12-MAR-2004 |
| Telephone 703-569-0420 | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

| |
|--|
| <input type="checkbox"/> *Total of <u>3</u> forms are submitted. |
|--|

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Application Number | |
| Filing Date | 3/18/04 |
| First Named Inventor | Scott Goldthwaite |
| Title | System and Method for Mobile T |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | WS-105 |

I hereby appoint:

Practitioners associated with the Customer Number:

000027769

OR

Practitioner(s) named below:

| Name | Registration Number |
|-------------------------|---------------------|
| Aliki K. Collins, Ph.D. | 43558 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

| | | |
|--|--|--|
| | | |
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OR

| | | |
|--------------------------|-------------------------|-----|
| <input type="checkbox"/> | Firm or Individual Name | |
| Address | | |
| Address | | |
| City | State | Zip |
| Country | | |
| Telephone | Fax | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---------------|-----------|--|
| Name | Andrew Petrov | | |
| Signature | <i>Alkoff</i> | | |
| Date | 03/12/2004 | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

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| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | WS-105 |

I hereby appoint:



Practitioners associated with the Customer Number:

000027769

OR



Practitioner(s) named below:

| Name | Registration Number |
|-------------------------|---------------------|
| Aliki K. Collins, Ph.D. | 43558 |
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| | |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| | | | |
|--|--|--|--|

OR



Firm or Individual Name



Address



Address

City

State

Zip

Country

Telephone

Fax

I am the:



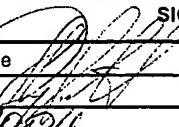
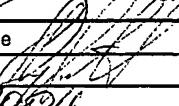
Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | |
|-----------|---|---|
| Name | Andrei Doyukine |  |
| Signature |  | |
| Date | 03/12/2004 | Telephone |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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